Electronic Patent Application Fee Transmittal

Application Number:	
Filing Date:	
Title of Invention:	METHOD AND ARRANGEMENT FOR INDICATING A SIZE RESTRICTION OF A MESSAGE
First Named Inventor:	Harri Heine
Filer:	GEZA C ZIEGLER JR/Carolina Rodriguez
Attorney Docket Number:	297-012643-US (PAR)

Filed as Large Entity

U.S. National Stage under 35 USC 371 Filing Fees

Description	Fee Code	Quantity	Amount	Sub-Total in USD($)
Basic Filing:				
National Stage Fee	1631	1	300	300
Pages:				
Claims:				
Miscellaneous-Filing:				
Petition:				
Patent-Appeals-and-Interference:				
Post-Allowance-and-Post-Issuance:				
Extension-of-Time:				

05/10/2007 VWALLACE 00000002 161350   10598896

01 FC:1633   200.00 DA
02 FC:1642   400.00 DA

PATENT APPLICATION FEE DETERMINATION RECORD
Effective December 8, 2004

Application or Docket Number 10/598896

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)	SMALL ENTITY TYPE ☐	OR	OTHER THAN SMALL ENTITY

	(Column 1)	(Column 2)	RATE	FEE		RATE	FEE
U.S. NATIONAL STAGE FEES							
BASIC FEE	SMALL ENT. = $ 150	LARGE ENT. = $ 300	BASIC FEE		OR	BASIC FEE	300
EXAMINATION FEE	Satisfies PCT Article 33(1)-(4) = $ 50 / $ 100	All other situations = $ 100 / $ 200	EXAM. FEE			EXAM. FEE	200
SEARCH FEE	U.S. is ISA = $ 50 / $ 100 ALL other countries = $ 200 / $ 400	All other situations = $ 250 / $ 500	SEARCH FEE			SEARCH FEE	400
FEE FOR EXTRA SPEC. PGS.	minus 100 =	/ 50 =	X $ 125 =			X $ 250 =	
TOTAL CHARGEABLE CLAIMS	15 / minus 20 = *		X $ 25 =		OR	X $ 50 =	
INDEPENDENT CLAIMS	3 minus 3 = *		X $ 100 =		OR	X $ 200 =	
MULTIPLE DEPENDENT CLAIM PRESENT		☐	+ $ 180 =		OR	+ $ 360 =	
* If the difference in column 1 is less than zero, enter "0" in column 2			TOTAL		OR	TOTAL	900

CLAIMS AS AMENDED - PART II

AMENDMENT A

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA	SMALL ENTITY RATE	ADDI-TIONAL FEE	OR	OTHER THAN SMALL ENTITY RATE	ADDI-TIONAL FEE
Total	*	Minus	**	=	X $ 25 =		OR	X $ 50 =	
Independent	*	Minus	***	=	X $ 100 =		OR	X $ 200 =	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM ☐					+ $ 180 =		OR	+ $ 360 =	
					TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

AMENDMENT B

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA	RATE	ADDI-TIONAL FEE	OR	RATE	ADDI-TIONAL FEE
Total	*	Minus	**	=	X $ 25 =		OR	X $ 50 =	
Independent	*	Minus	***	=	X $ 100 =		OR	X $ 200 =	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM ☐					+ $ 180 =		OR	+ $ 360 =	
					TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20".
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3".
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.